FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHA | NGES IN BE | ENEFICIAL | OWNERSHIP |
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| | | | |

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Harris Matthew Scott | | | | | 2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|---|--|------------|---------|------------------------------------|---|---|----------|---|---|--|--------------------|---|--|---|------------------------------|---|-------------------------------------|--|--|
| (Last) (First) (Middle) C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, SUITE 201S | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2022 | | | | | | | | _ 2 | Chief Medical Officer | | | | | |
| (Street) | ERSBURG, | MD | 20878 | | 4. | If Ame | endment, | Date of | Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| 1 Title of t | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned L. Title of Security (Instr. 3) 2. Transaction 3. Transaction 3. Transaction 4. Securities Acquired (A) or Transaction 5. Amount of Transaction 6. Ownership 7. Nature of Transaction | | | | | | | | | | | | 7. Nature of | | | | | | |
| Date | | | Date | saction n/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr.) 8) | | | | | Securitie Beneficia Owned F | s Illy ollowing | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock, par value \$0.0001 01 | | | 01/31 | 1/2022 | | A ⁽¹⁾ | | 1,800 | A | \$6.86 | ²⁾ 7,5 | 7,562 | | D | | | | | |
| Common Stock, par value \$0.0001 | | | 02/01 | 1/2022 | | | | М | | 6,166 | A | \$0 ⁽³⁾ | 13, | 13,728 | | D | | | |
| Common | Common Stock, par value \$0.0001 02 | | 02/01 | /2022 | | F ⁽⁴⁾ | | 2,183 D | | \$7.98 | 11, | 11,545 | | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) | | ate, Tr | 5. Number of Derivative Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and of Securities Underlying Derivative St (Instr. 3 and | | d Amount es g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |
| Restricted Stock Units | (3) | 02/01/2022 | | | M | | | 6,166 | (5) | | (5) | Common Stock, par value \$0.0001 | 6,166 | \$0.00 | 18,498 | 8 | D | | |
| Stock Options (option to buy) | \$7.53 | 02/02/2022 | | | A | | 91,600 | | (6) | | 02/02/2032 | Common Stock, par value \$0.0001 | 91,600 | \$0.00 91,60 | | 0 | D | | |
| Restricted Stock Units | (3) | 02/02/2022 | | | A | | 31,100 | | (7) | | (7) | Common Stock, par value \$0.0001 | 31,100 | \$0.00 | 31,100 | 0 | D | | |

Explanation of Responses:

- 1. These shares were purchased due to participation by the reporting individual in the Issuer's 2019 Employee Stock Purchase Plan ("ESPP"). It pertains to the ESPP purchase period from August 1, 2021 through January 31, 2022.
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on January 31, 2022.
- 3. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of Common Stock, par value \$0.0001, when vested.
- 4. Vesting transaction: Shares surrendered to the Issuer solely to cover taxes associated with vesting of RSUs.
- 5. The RSUs become vested and exercisable in substantially equal annual installments over the 4 years following February 1, 2021, subject to the reporting person's continued service through the applicable vesting date, and have no expiration date.
- 6. Twenty-five percent of the shares underlying the option become vested and exercisable on February 2, 2023 and the remaining 75% of the shares underlying the option become vested and exercisable in substantially equal monthly installments over the 36 months following February 2, 2023, subject to the reporting person's continued service through the applicable vesting date.
- 7. The RSUs become vested and exercisable in substantially equal annual installments over the 4 years following February 2, 2022, subject to the reporting person's continued service through the applicable vesting date, and have no expiration date.

/s/ Kent Tapper, as Attorney-in-02/03/2022 **Fact**

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.